

DIVISION OF MEDICAL ASSISTANCE  
NON-EMERGENCY MEDICALLY NECESSARY TRANSPORTATION  
TRAVEL LOG

Page \_\_\_\_ of \_\_\_\_

Adult Care Home \_\_\_\_\_  
Provider Number \_\_\_\_\_  
Vehicle \_\_\_\_\_

Cost Report Period  
Beginning: \_\_\_\_\_  
Ending: \_\_\_\_\_

Odometer Readings  
Beginning: \_\_\_\_\_  
Ending: \_\_\_\_\_

Date		Trip Purpose Code	Driver Name	Travel		Odometer Reading	Miles Traveled	Transportation Miles	Departure / Arrival Time		Elapsed Time	Driving Time	Driver Waiting Time	Round Trip Y / N
				From	To									
1		2	3	4	5	6	7	8	9		10	11	12	13
1						Departure			Departure					
						Arrival			Arrival					
2						Departure			Departure					
						Arrival			Arrival					
3						Departure			Departure					
						Arrival			Arrival					
4						Departure			Departure					
						Arrival			Arrival					
5						Departure			Departure					
						Arrival			Arrival					
6						Departure			Departure					
						Arrival			Arrival					
7						Departure			Departure					
						Arrival			Arrival					
8						Departure			Departure					
						Arrival			Arrival					
TOTALS														

TRIP PURPOSE CODES:

- |          |                                   |          |  |
|----------|-----------------------------------|----------|--|
| <b>A</b> | Physician Services (Office Visit) | <b>E</b> | Emergency Room Services                                |
| <b>B</b> | Lab Services                      | <b>F</b> | Clinic Services  |
| <b>C</b> | X-Ray Services                    | <b>G</b> | Other Non-Emergency Medically Necessary Transportation |
| <b>D</b> | Dental Services                   | <b>X</b> | Other Activities (Other than NEMNT)                    |